RELIGNCE Mutual Fund Anll Dhirubhal Ambani Group Reliance Capital Asset Management Limited A Reliance Capital Company

APP No.:

Reliance siptinsure

COMMON APPLICATION FORM FOR RELIANCE SIP INSURE

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ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Express Building, 4th Floor, 14 E Road Churchgate, Mumbai 400 020

Call: 30301111 Toll free: 1800-300-11111 www.reliancemutual.com RELIANCE Mutual Fund

Reliance Mutual Fund

APP No. **AUTO DEBIT/ECS MANDATE FORM**

(Auto Debits available for Bank of Baroda/Bank of India/Punjab National Bar HDFC Bank/ICICI Bank/AXIS Bank/HSBC/IDBI Bank) Application to be submitted at least 21 working days before the commencen TO BE FILLED IN CAPITAL LETTERS. PLEASE 🕢 WHICHEVER IS APPLICABLE		Mahindra Bank/Citibank NA/Vijaya one box blank between two words.	Bank/Bank of Rajasthan/						
REGISTRATION CUM MANDATE FORM FOR AUTO DEBIT/ECS New SIP Registration - by existing investor New SIP Registration - by existing investor		or (Also attach the new application	form duly filled & signed)						
I/We as per the details below hold an account with your branch as per the	particulars stated below	ι.							
DISTRIBUTOR / BROKER INFORMATION									
Name & Broker Code / ARN	Sub Broker / Sub Agent	Code							
ARN-97821									
APPLICANT DETAILS									
Folio No.									
Name of Sole/1st holder		PAN No. MANDATORY	KYC : Yes / No						
Name of 2nd holder		PAN No. MANDATORY	KYC : Yes / No						
Name of 3rd holder		PAN No. MANDATORY	KYC : Yes / No						
SCHEME NAMEOption	Plan	SIP Amount							
Frequency (Please) Monthly (default) or Quarterly SIP Date 2	□10 □18 □28	Enrollment Period: From: M M	<u>үтү</u> То: <u>Мімі</u> үтү						
BANK ACCOUNT DETAILS									
1st/Sole Accountholder Name as in Bank Records									
2nd Accountholder Name as in Bank Records									
3rd Accountholder Name as in Bank Records			1						
A/c. Type ✔ SB Current NRO NRE FCNR Account No. Mandatory (Core Banking Account Number)									
Branch Address									
	Branch City								
PIN		IFSC Code							
*Mandatory: Please enter the 9 digit number that appears after your cheque n	umber.	Mandatory Enclosures:							
MICR code starting and / or ending with 000 are not valid for ECS.	L	Blank cancelled cheque	Copy of cheque						
DECLARATION									
/We wish to inform you that I/we have registered with Reliance Mutual Fund through ti beneficiary by debit to my/our above mentioned bank account. For this purpose I/we autt with your branch. I/We hereby authorize you to honor all such requests received throu equested, for due remittance of the proceeds to the beneficiary. I/We undertake to kee fectare that the particulars given above are correct and complete. If the transaction is de Mutual Fund or the authorised Service Provider(s) and representative responsible. If the or oliday, execution of the SIP will happen on the day of Holiday/next working day and allot fund. The above mentioned Bank shall not be liable for, nor be in default by reason of, any fa iny acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, w force majeure events, or any other cause of peril which is beyond the above mentioned bove mentioned Bank. I/We shall not dispute or challenge any debit, raised under this ma mount so debited pursuant to the mandate submitted by me/us. I/We shall keep the Ba ime to time, against all claims, actions, suits, for any loss, damage, costs, charges and expe citing upon the instructions issues by the above named authorized signatories/beneficiaries he mandate signed by the authorized signatories/beneficiaries and acknowledged at your complex in a mount so debited purport and the submitted by me/us. I/We shall keep the Ba inte to time, against all claims, actions, suits, for any loss, damage, costs, charges and expe is the mandate signed by the authorized signatories/beneficiaries and acknowledged at your complex is mount so debited purports and signatories/beneficiaries and acknowledged at your complex is mount so the instructions issues by the above named authorized signatories/beneficiaries is mandate signed by the authorized signatories/beneficiaries and acknowledged at your complex is a signated by the authorized signatories/beneficiaries and acknowledged at your complex is a sintervent signat	norised Service Provider(s) an gh authorised Service Provide p sufficient funds in the fund layed or not effected at all fo late of debit to my/our accou- ment of units will happen as pillure or delay in completion of ar, lightening, earthquake, cha anks reasonable control and v andate, on any ground whatso ank and authorised Service P enses incurred by the Bank an . This request for debit manda counters and giving reasonable	d representative to raise a debit on my/ ler(s) and representative to debit my/ ler(s) and representative to debit my/ reasons of incomplete or incorrect info nt happens to be a non business day as j er the Terms and Conditions listed in the (this service, where such failure or delay is nge of Government policies, Unavailabili which has the effect of preventing the p pever. I/We shall not have any claim aga rovider(s) and representative, jointly and d authorised Service Provide(s) and rep te is valid and may be revoked only throu notice to effect such withdrawal.	'our above mentioned account our account with the amount f standing instruction. I hereby irmation, I would not hold the per the Mutual Fund or a Bank Offer Document of the Mutual s caused, in whole or in part, by ty of Bank's computer system, erformance this service by the inst the Bank in respect of the d or severally indemnified from oresentative, by reason of their gh a written letter withdrawing						
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FOR OFFICE USE ONLY (Not to be filled in by Investor)									
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